

## **BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R5 / 4-13) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass report
previously sent on:

INSTRUCTIONS:

Complete all parts of this form and fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to <a href="www.eports@idem.IN.gov">www.eports@idem.IN.gov</a>. Submittal of this report will satisfy the Office of Water Quality (QWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in QWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

Transmitt establishin mestas servi turit i satisficial dana.	to Sandana Various Come	er St. margrafia	2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.000.11				N. 15 S. Care to Self Service 1		Water water and the control of the c			
Facility Name: (Organization)   Mailing Address:							ION County:		NPDES Permit#:	Permit	Outfall		
Town of Highland 3333 Ridge Ro							Ļake		n/a	Permit Outfall n/a			
Individual Making Report: (printed)					ne Number:		taçt Email:		Date/Time IDEM N				
John M Bach				219972	25069	jba	ch@highland.in.g	ΙΟν	06/30/2014/9:1	5	☐ AM 図 PM		
RELEASE INFORMATION													
Date (mm/dd/yy) & Tim Release Began:	e (mm/dd/yy) & Tim ase Stopped:	Manhole, Lift St			se: (streets address tion, Force Main etc.)		Latitude: (Deg Min Sec)	Longitude: (Deg Min Sec)					
06/30/14/7:30	☐ AM 図 PM	07/0	01/14/7:30	⊠ AM □ PM	MH#1230								
06/30/14/7:15	□ AM 図 PM	Q7/0	01/14/9:00	⊠ AM □ PM		ō @ l	Homestead Park						
Amount of Flow Releas		A . I			a volume)		WWTP Flow Durin	g Release	I .	Design F	low:		
Check one:  Estimated Experimental Extending Type: (select		Actua	977	,565 gall		to ac	n/a MGD juatic life or receiving	etroom:	n/a MGD				
Sanitary Sewer Ove ☐ Treatment Bypass	rflow	∕ater p	plant)		bserved	i to ac	datic life of Tecesting	Sticarr.					
Reason for Bypass/Ove	erflow: (se.	lect çı	ne or more)				·,····		······································				
☐ Construction Relate			er Failure 🔝 🔲 Equ	ipment Fa		Inknov		/lax Capa	city 🛛 Precipitatio	on 2.32 to	nches		
System Component(s):			Additional Descrip						ion of the Area Imp	acted:			
(select one or more)  ☐ Manhole			Excessive rain					(Check All That Apply)					
☐ House Lateral			wastewater co						☐ Affected Private Property ☐ Basement Backup				
☐ Pipe Failure				capacity of the sanitary lift station that   🗀					Occurred at Treatment Plant				
<ul><li>☐ Pump Station Failure</li><li>☒ Treatment Bypassed</li></ul>									☐ Reached Public Land ☐ Reached Receiving Water				
Other	,		WWTP.						1 Vescued Vecelating Aastes				
Describe Other: (in the box below)									Receiving Water I	mpacted:			
			`						Little Calumet River				
Organizations Notified b	y Facility:	(sele	ct one or more)					L					
☑ IDEM Emergency Re			lealth Dept 🔲 DNi	R Fish & V	Vildlife 🔲	Local	Emergency Manager	ment 🔲	Other:				
Actions Taken to Preve					lean-up and	Treat	ment of Affected Area	а:					
(Select one or more of t					Station N	7 016							
Removed Blockage	☐ Rep	airea	Pipe   Repair	ea Pump (	otation 6	Oth	∌r						
											ĺ		
Resolution: Actions Taken or Planned to Prevent Recurrence:										,			
The Highland Sanitary District is aggressively implementing sanitary sewer improvements to identify and remove sources													
of I/I. Those projects include foundation drain separation, sanitary sewer rehabilitation (CIPP), manhole lining, and sewer													
replacement.													
			/A T T 4 C	11 466 (**)	ONAL OUR	·** 14	Negrood	· · · · · · · · · · · · · · · · · · ·					
					ONAL SHEE ATION AND		NECESSARY.)		**************************************	<u></u>	1000		
Legify under penalty of	law that t	his do						pervision	in accordance with	a system			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE:

DATE (month, day, year):

1/3/14



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To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency

Tresponse Section spin response inte at. (317) 255-7745 or toll nee within indiana at (600) 255-7745.													
English Names (Occasion)				ERAL INFO		7 7			Marka (Mark		0.4-11		
Facility Name: ( <i>Órganization</i> )  Town of Highland  Mailing Address: 3333 Ridge F			(reporting oad	organization,	)	County: Lake		NPDES Permit		Permit Outfall n/a			
Individual Making Report: (i John M Bach					Contact Email: jbach@highland.in.gov		Date/Time IDEM No Q6/30/2014/9:15		5   🔲 AM				
RELEASE INFORMATION									Marian (1995)	⊠ PM			
Date (mm/dd/yy) & Time Release Began:  Date (mm/dd/yy) & Release Stopped:			me Location of Manhole, Li			Release: (streets address or ift Station, Force Main etc.)			itude: ng Min Sec)	Longitude: (Deg Min Sec)			
06/30/14/8:00	FIVE	/01/14/6:00	M4 □	MH#1345	0 0	3505 5 <sup>th</sup> Street		<del> </del>					
	AM PM		□ AM □ PM										
Amount of Flow Released:	K-7		s provide			WWTP Flow Durin	g Release				low:		
Check one:  Estimated Overflow Type: (select one)	⊠ Act	ial 172	2,997 gall		to an	n/a MGD uatic life or receiving	etronm:		n/a MGD				
Sanitary Sewer Overflow				bserved	i io aq	danc me or receiving	Stream.						
Treatment Bypass (at w		plant)	1101100	D301 VCQ									
Reason for Bypass/Overflov	w: (seleçt	one or more)		*									
Construction Related	☐ Pov		uipment Fa		nknov						nches		
System Component(s):		Additional Descrip							f the Area Imp	acted:			
(select one or more)  Manhole		Excessive rain					(Cneck	<i>All II</i> sted F	<i>hat Apply)</i> rivate Propert	v			
House Lateral		wastewater co			Basement Backup								
Pipe Failure			capacity of the sanitary lift station that					Occurred at Treatment Plant					
☐ Pump Station Failure ☐ Treatment Bypassed		www.ps.water.t	to the Hammond Sanitary District and					☐ Reached Public Land ☑ Reached Receiving Water					
Other		VVVIF.	·										
Describe Other: (in the box								eiving Water Ir	npacted:				
								Little Calumet River					
Organizations Notified by Fa	acility: (se	( ect one or more)				<del> </del>	L	1					
☑ IDEM Emergency Respo		Health Dept 🔲 DNI	R Fish & V	Vildiife 🔲 I	Local	Emergency Manager	ment 🔲	Othe	er:				
Actions Taken to Prevent, M	linimizė o	r Mitigate Damage i	ncluding C	lean-up and	Treat	ment of Affected Area	a.			,	-		
(Select one or more of the fo				noun up unu	11000	110.11 01.7 11100100 7 1101	<b></b>						
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other													
Resolution: Actions Taken or Planned to Prevent Recurrence:													
The Highland Sanitary District is aggressively implementing sanitary sewer improvements to identify and remove sources													
of I/I. Those projects include foundation drain separation, sanitary sewer rehabilitation (CIPP), manhole lining, and sewer													
replacement.													
(ATTACH ADDITIONAL SHEETS IF NECESSARY.)													

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

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Response Section spill response li						nediately	report	the release	to the Em	ergency	
		GEN	IERAL INFO	RMA"	TION						
Facility Name: (Organization) Mailing Address: Town of Highland 3333 Ridge R			organization)	)	County: Lake		NPDES Permit #: n/a		Permit Outfall n/a		
Individual Making Report: <i>(printed)</i> John M Bach		Telephone Number:   Contact Email:   2199725069   jbach@highla			ch@highland.in.g			ate/Time IDEM Notified: 3/30/2014/9:15		□ AM ⊠ PM	
	Date <i>(mm/dd/yy)</i> & Tim	RÉLEASE INFORMATION				shire could		7 (8 (9 V (3 V (9 V)			
Release Began:	Manhole, Lift Station, Force Main					Latitude: Longitu (Deg Min Sec) (Deg M					
	07/01/14/3:30	⊠ AM □ PM	3" Pump	p Duluth St and Grace Pl							
	07/01/14/1:40	⊠ AM □ PM		> - N	5 <sup>th</sup> Street Pump						
Amount of Flow Released:  Çheck one: ☐ Estimated		<i>s provide</i> 1,000 gal	<i>a volume)</i> lons		WWTP Flow Durin n/a MGD	g Release		MWTP Peak n/a MGD	Design F	low:	
Overflow Type: (select one)  Sanitary Sewer Overflow  Treatment Bypass (at wastewater plant)  Describe any damage to aquatic life or receiving stream:  None observed											
Reason for Bypass/Overflow: (select	•	, , , , , , , , , , , , , , , , , , , ,						······································			
☐ Construction Related ☐ P System Component(s): (select one or more) ☐ Manhole ☐ House Lateral ☐ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other Describe Other: (in the box below)	Additional Descrip Rainfall results collection syste capacity of the to the Hammol	ption of the Bypass/Overflow Event: ed in a surcharge in the wastewater tem. Wet weather flows exceeded the e sanitary lift station that pumps water and Sanitary District and WWTP. E 4,000 GPM and 450 GPM,				Descripi (Check	Ax Capacity				
Organizations Notified by Facility: (€ IDEM Emergency Response	select one or more) ☐ Health Dept ☐ DNI	₹ Fish & V	Vildlife ☐ L	Local	Emergency Manager	ment 🔲	Other	:			
Actions Taken to Prevent, Minimize (Select one or more of the following Removed Blockage Repair	, then add a written de	scription)		Treat		a:					
Resolution: Actions Taken or Planne The Highland Sanitary District of I/I. Those projects include replacement.	ct is aggressively i	mpleme									
	(ATTAC	H ADDITI	ONAL SHÈE	TS IF	NECESSARY.)						
		CERTIFIC	ATION AND	SIGN	ATURE			:	100	14.5	
I certify under penalty of law that this designed to assure that qualified per manage the system, or those person	rsonnel properly gathe	r and eval	luate the infor	matic	n submitted. Based	on my inq	uiry of	the person of	or persons	who	

belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.) imprisonment for knowing violations./

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